

CITY OF FRANKFORT PLANNING & BUILDING CODES **DEPARTMENT**

P.O. Box 697

Frankfort, Kentucky 40602 Phone: (502) 352-2094 Fax: (502) 875-3579 www.frankfort-ky.gov

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TA No.:
Rec'd By:

APPLICATION FOR TEXT AMENDMENT Tentative Zoning Update Committee Date: Tentative Subdivision Update Committee Date: Tentative Planning Commission Date:
1) GENERAL INFORMATION
a) Applicant Name:
b) Mailing Address:
c) Daytime Phone:
d) Fax:: Email:
I hereby request the consideration of a Text Amendment as specified below: My Text Amendment Request pertains to: (check applicable box)
□ Zoning Code -Please Complete Section A below
□ Subdivision and Development Plan Regulations-Please Complete Section B below
A) ZONING TEXT INFORMATION
Article and Section Number of Zoning Code regarding proposed Text Amendment (example: "13.15 Prohibited Signs")
Why is this amendment needed?
Please use the space below to note the proposed text changes requested (attach additional sheets if needed):

B) SUBDIVISION AND DEVLOPMENT PLAN INFORMATION

Part Number of Subdivision regulations regarding proposed Subdivision and Development Design Requirements")	
Section Number (example: "2.02.02 Lot and Block Design	Requirements"):
Subsection (example: "F"):	
Please describe in general terms the need/reason for thi necessary)	· ·
Please use the space below to note the proposed text change	s requested (attach additional sheets if necessary):
2) FILING INFORMATION	
The following item must be attached to the application in o	order for the request to be processed:
a) Filing Fee of \$300. Make checks payable to the Fra	nkfort/Franklin County Planning Commission.
Signature of Applicant	Date:

NOTE: The filing fee must be filed with the Frankfort/Franklin County Planning Commission at the City of Frankfort, Department of Planning and Building Codes by the deadline date.